## Submit 3 conies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	<b>53</b> .	·	Revised	1-1-89
DISTRICT I	OIL CONSERVA	ATION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			30-025-31701	
DISTRICT II Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 66210			STATE 🗸 FE	EE 🗌
DISTRICT III			6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 874			B-2706	THE WALL
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO			160 · 大學數學是一個數學不可能的	<u>(</u>
	ESERVOIR. USE "APPLICATION		7. Lease Name or Unit Agreement Name	
(FO	RM C-101) FOR SUCH PROPOSA	ALS.	VACUUM GLORIETA WEST UNIT	
	GAS OTHER WATER	RINJECTION		
2. Name of Operator CHEVRON USA INC			8. Well No. 40	
3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705			9. Pool Name or Wildcat  VACUUM GLORIETA	
4. Well Location				
Unit Letter K	: 1590 Feet From The	SOUTH Line and 2404		
Section 25	Township 17S	Range34EN	IMPM <u>LEA</u> COUNTY	37.EX 1
	10. Elevation (Show whether D	4001 GI		
<sup>11.</sup> Chec	ck Appropriate Box to Indica	ite Nature of Notice, Repor	t, or Other Data	
NOTICE OF INTEN	ITION TO:	s	UBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PERATION PLUG AND ABANDONMENT	$\overline{\Box}$
	·	CASING TEST AND CEME		
PULL OR ALTER CASING  OTHER:		OTHER:	C/O W/COIL TBG UNIT	<b>V</b>
40				
Describe Proposed or Complete proposed work) SEE RULE 1103		tinent details, and give pertinent	dates, including estimated date of starting an	·y
5-11-05: MIRU COIL TBG UNIT. T TOOL. RIG DOWN. (COULDN'T 0 1334#. FINAL REPORT	IH W/SONIC HAMMER TOOL. TA BET PAST 5893 -PBTD). CIRC PI	AG @ 5893. INCR PUMP RATE 1 RESS 5800#. AVG PMP RATE 1	TO 1.25 BPM. TOH W/CT & SONIC HAMME I.0 BPM. WH PRESS-9# W/BACKSIDE CLO	R SED
			0151677	
			NAY 2005	2750272
				222324
			600 (CZ)	
			150592821	
	` ;			
I hereby certify that the interfration above is true and c	complete to the best of my knowledge and belief.  TITLE	Regulatory Specialist	DATE <u>5/12/2005</u>	
TYPE OR PRINT NAME	Denise Pinkerton		Telephone No. 432-687-	-7375

APPROVED FLAT USE OF APPROVAL, IF ANY:

TITLE

DATE

MAY 1 7 2005